



INDIVIDUALIZED FAMILY TRANSITION PLAN

State Form 51672 (R3 / 3-07) / BCD 0105



First Steps

Name of child		Date of birth (month, day, year)
County	Date of Transition Meeting (month, day, year)	IFSP date (month, day, year)

DISCUSSION OF TRANSITION OPTIONS	FINANCIAL RESOURCES
Community based options:	Review financial resource options, check all that apply:
_____ Play group	<input type="checkbox"/> Private insurance
_____ Mother's day out program	<input type="checkbox"/> Medicaid waiver
_____ Parks and recreation	<input type="checkbox"/> Hoosier Healthwise
_____ Library programs	<input type="checkbox"/> CSHCS
_____ Other: _____	<input type="checkbox"/> Private pay
Head Start:	<input type="checkbox"/> Other: _____
	In reviewing financial resources have you considered the following:
Child Care:	<input type="checkbox"/> Is the provider enrolled in the network?
	Who will follow up? _____
	<input type="checkbox"/> Who is the current waiver manager?

Private Preschool:	<input type="checkbox"/> Is a prior authorization required?

	<input type="checkbox"/> Contact CSHCS Customer Service / Prior Authorization Unit (if applicable) to explore future service options.
Clinic Based Therapy:	<input type="checkbox"/> Contact Hoosier Healthwise case manager
	<input type="checkbox"/> Other: _____
Local Educational Agency (Include contact name and telephone number):	Disposition of Assistive Technology / Equipment
	[List equipment purchased by First Steps that continues to be used by the child and how the equipment will be (1) returned to FS, (2) purchased by the family or other plan.]

Other Transition Options:	-----



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NEXT STEPS / STRATEGIES FOR WORKING TOWARD TRANSITION (<i>List what needs to be done and by whom.</i>)	WHO IS RESPONSIBLE	TIMELINE / EXPECTED DATE OF COMPLETION

The Individualized Family Transition Plan (pages 1 and 2) will be retained in the child's EI Record and will become part of the IFSP.

Additional comments / notes: